

**DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor of the subject matter which is claimed in an application entitled:

"METHOD AND APPARATUS FOR TRACKING THE RELATIVE  
VALUE OF MEDICAL SERVICES"

the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification including the claims.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under title 18, United States Code, §1001 and that such willful false statement may jeopardize the validity of the application or any patent issued thereon.

And I hereby appoint:

William C. Cahill, Reg. No. 19,742;  
C. Robert von Hellens, Reg. No. 25,714;  
Charles R. Hoffman, Reg. 26,556;  
Marvin A. Glazer, Reg. No. 28,801; and  
Thomas G. Watkins III, Reg. No. 27,964  
Kenneth C. Booth, Reg. No. 42,342

as my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Figure 1 consists of 12 sub-graphs, labeled (a) through (l), arranged vertically. Each graph plots a physiological variable against time (0 to 10 minutes). The variables are: (a) Heart rate (b/min), (b) Blood pressure (mmHg), (c) Blood flow (ml/min), (d) Blood flow (ml/min), (e) Blood flow (ml/min), (f) Blood flow (ml/min), (g) Blood flow (ml/min), (h) Blood flow (ml/min), (i) Blood flow (ml/min), (j) Blood flow (ml/min), (k) Blood flow (ml/min), and (l) Blood flow (ml/min). Each graph shows a baseline value and a response to a stimulus, with error bars indicating standard error.

Wherefore I pray that Letters Patent be granted to me for the invention or discovery described and claimed in the above-identified patent application.

Inventor's signature Steven J. Sholk

Date 8-31-00

Full Name of inventor: Steven L. Sholem  
Residence: 6121 North 1st Avenue, Phoenix, Arizona 85013  
Post Office Address: Same  
Citizenship: USA

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS**  
**(37 CFR 1.9(f) AND 1.27(b)) - INDEPENDENT INVENTOR**

Attorney's Docket No.: 6299-A-01

Applicant(s): Steven L. Sholem

Serial No. or Patent No.:  
Filed or Issued: Herewith

For: Method and Apparatus for Tracking the Relative Value of Medical Services

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled "Method and Apparatus for Tracking the Relative Value of Medical Services" described in:

☒ the specification filed herewith  
☐ application Serial No. \_\_\_\_\_  
filed \_\_\_\_\_  
☐ Patent No. \_\_\_\_\_ issued \_\_\_\_\_

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

☒ no such person, concern, or organization  
☐ persons, concerns or organizations listed below\*

FULL NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

☐ Individual      ☐ Small Business Concern  
☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b)).

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